

Form 7

**Request for Review**  
**Part XX - Freedom of Information and Protection of Privacy -**  
**Municipal Government Act**  
**Subsection 487(1)**  
**(Applicant)**

**TO: Review Officer**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Specify name and address of Review Officer.)*

1. This Request for Review arises out of an Application for Access to a Record or Request for Correction of Personal Information submitted to \_\_\_\_\_ *(specify municipality)* on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_, a copy of which Application or Request is attached to this Request for Review.
2. The applicant requests that the review officer review the following decision, act or failure to act of the responsible officer of the municipality;

**Check where applicable**

\_\_\_\_\_ (a) decision dated or made on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_, a copy of which is attached to this Request for Review;

\_\_\_\_\_ (b) *(specify act or failure to act)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3. The applicant requests that the review officer recommend that

**Check where applicable**

\_\_\_\_\_ (a) the responsible officer of the municipality give access to the record as requested in the Application for Access to a Record;

\_\_\_\_\_ (b) the responsible officer of the municipality correct the personal information as requested in the Request for Correction of Personal Information;

\_\_\_\_\_ ~~(b)~~[c]*(specify other recommendation or recommendations, if any, you consider appropriate)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Print Full Name of Applicant:** \_\_\_\_\_

**Mailing Address of Applicant:** \_\_\_\_\_  
*(Street/Apartment No./R.R. No.)*

\_\_\_\_\_  
*(Community/County)*

\_\_\_\_\_  
*(Postal Code)*

**Telephone Numbers of Applicant:** \_\_\_\_\_  
*(Residence) (Business)*

**Fax Number of Applicant:** \_\_\_\_\_